



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90028 015 \*\*\*\*61.25

DOCUMENT # N96000000819					
<b>1. Entity Name</b> THE POLICE ATHLETIC LEAGUE OF PEMBROKE PINES, INC.					
<b>Principal Place of Business</b> 7900 JOHNSON STREET PEMBROKE PINES, FL 33024			<b>Mailing Address</b> 7900 JOHNSON STREET PEMBROKE PINES, FL 33024 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 9500 PINES BOULEVARD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PEMBROKE PINES, FL			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0701409	
33024	USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOREN, SAMUEL S 3099 EAST COMMERCIAL BLVD 200 FORT LAUDERDALE, FL 33308			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DPC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, KEVIN		NAME		
STREET ADDRESS	11401 PINES BLVD		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLT, DAVID		NAME		
STREET ADDRESS	9500 PINES BLVD		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEDDIS, MARK		NAME		
STREET ADDRESS	14912 SW 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP		
TITLE	DT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAIMONDI, RAY		NAME		
STREET ADDRESS	9500 PINES BLVD		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	DM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIUSTINO, DANIEL		NAME		
STREET ADDRESS	9500 PINES BLVD		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	M VIRGINIA STITH	
STREET ADDRESS			STREET ADDRESS	7900 JOHNSON STREET	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> 			2/6/06 954-436-3200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		